GRADUATE ASSISTANTSHIP APPLICATION

Submit: Application, 3 Recommendations (See included Recommendation Forms), Resume, and Criminal Background Check **Graduate Department Major: Nicholls State University** P.O. Box Thibodaux, Louisiana 70310 **APPLICANT INFORMATION** (please print or type): Name of Applicant: Date of Application: Mailing Address: Address, City, State, Zip Code, Country Telephone: _____ Fax: E-mail address: Place of Birth: City, State, Country U.S. Citizen? Yes No If no, what country? Graduate Major: **Colleges or Universities Attended (most recent first):** Years Attended College / University From To Degree Major

Academic Grades and Test Scores (as appropriate): Undergraduate Grade Point Average (4.0 scale) Test of English as a Foreign Language (TOEFL) Total Score Total Verbal Quantitative Analytical **GRE** General Test Verbal Quantitative Total Writing **GMAT** References have been solicited from the following individuals: Reference #1 Reference #2 Reference #3 Name Position or Title Address If an assistantship is not currently available, would you like to be considered at a later time? Yes No

NOTICE TO APPLICANT:

Incomplete applications will not be considered. Complete all applicable items, including a resume, and *submit to the graduate coordinator or to the supervisor in the department in which employment is sought.*

This form is available online at <a a="" be="" eligible="" for="" g<="" href="http://www.ntm.ntm.ntm.ntm.ntm.ntm.ntm.ntm.ntm.ntm</th><th>w.nicholls.edu/human-resources/forms/.</th></tr><tr><td>Please answer the following question as red</td><td>quired by Graduate Studies:</td></tr><tr><td>•</td><td>the specific college, program, or department you are m, or department in which you will ultimately work?</td></tr><tr><td> Y</td><td>es No</td></tr><tr><td>If yes, please explain (person and relation (If answered " may="" still="" td="" yes"="" you=""><td></td>	
Please answer the following questions as re-	equired by the Office of Human Resources:
Are you 17 years of age or older?	es No
	Yes No (Conviction of a felony will not will consider the date, facts, and circumstances of
If yes, please explain:	
	·
I certify that all the information provided a information provided can be grounds for re	above is true and correct. I understand that any false efusal to hire or immediate termination.
Signature of Applicant	 Date

Graduate Assistant applicants must also complete the Criminal Background Consent Form.

To Graduate	Department Major:
Nicholls State	e University
P.O. Box	, Thibodaux, Louisiana 70310

GRADUATE ASSISTANTSHIP RECOMMENDATION FORM (Confidential)

I am an applicant for a graduate assistantship at Nicholls State University, and am seeking a recommendation from you for that position. I would appreciate very much your completing the

evaluation below and s	•	•			-	g the
APPLICANT INFOR	MATION (please print or ty	vpe):			
Name of Applicant			Da	te		
Mailing Address	Address, Cit	y, State, Zip C	Code, Country			
Telephone		Fax	E-1	mail		
Graduate Degree Sough	ht					
I do hereby waive my raccompanying my appl	lication for e		s a graduate as		1 1	
Please check the appropriate the property of t	priate box b	ased upon vou	ır observation	of the applica	nt:	
Characteristic		Outstanding	Above Average	Average	Below Average	Not Observed
Potential for Success						
Quantity of Work						
Quality of Work						
Ability to Complete V	Vork					
Judgment and Commo	on Sense					
Emotional Adjustmen	,					
Emononal rajustmen	lt					
Cooperativeness	nt					

Problem-Solving Ability					
Dependability					
Conduct					
Integrity					
I have been acquainted with the ap	oplicant for	years.			
My relationship with the applicant	t has been as:				
□ Employer					
☐ Advisor or Supervisor					
☐ College Instructor					
☐ Co-worker					
☐ Friend					
☐ Other (please explain)					
applicant's personality, attitude, d	ependability, ii	ntegrity, etc. A	Attach addition	nal sheets if ne	cessary.)
Signature of Evaluator		Da	nte		
Title		Or	ganization		
Address					
Number & Street or P.O. Box					
City, State, Zip Code			Co	ountry	

NOTE TO EVALUATOR: Please accept the thanks of both the applicant and Nicholls State University for your time and effort in this evaluation.

Revised: July 2021

To Graduate	Department Major:	
Nicholls State	e University	
P.O. Box	, Thibodaux, LA	70310

GRADUATE ASSISTANTSHIP RECOMMENDATION FORM (Confidential)

I am an applicant for a graduate assistantship at Nicholls State University, and am seeking a

recommendation from you for that evaluation below and submitting the	position. I wo	ould appreciat	e very much y	our completir	
APPLICANT INFORMATION	(please print or ty	rpe):			
Name of Applicant		Da	ite		
Mailing Address Address, Ci	ty, State, Zip C	Code, Country			
Telephone	Fax	E-:	mail		
Graduate Degree Sought					
I do hereby waive my right of acceacompanying my application for					
Signature of Applicant			ate		
Please check the appropriate box b	ased upon you	r observation	of the applica	nt:	
Characteristic	Outstanding	Above Average	Average	Below Average	Not Observed
Potential for Success					
Quantity of Work					
Quality of Work					
Ability to Complete Work					
Judgment and Common Sense					
Emotional Adjustment					
Cooperativeness					
Initiative					

Problem-Solving Ability					
Dependability					
Conduct					
Integrity					
I have been acquainted with the	applicant for	years.			
My relationship with the application	nt has been as:				
☐ Employer					
☐ Advisor or Supervisor					
☐ College Instructor					
☐ Co-worker					
☐ Friend					
☐ Other (please explain)					
performance of the applicant as a applicant's personality, attitude,					
Signature of Evaluator		Da	ute		
Title		Or	ganization		
Address					
Number & Street or P.O. Bo	OX				
City, State, Zip Code			Co	ountry	

NOTE TO EVALUATOR: Please accept the thanks of both the applicant and Nicholls State University for your time and effort in this evaluation.

Revised: July 2021

To Graduate	Department Major:
Nicholls State	e University
P.O. Box	. Thibodaux, LA 70310

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APPLICANT INFORMATION	(please print or ty	rpe):				
Name of Applicant		Da	te			
Mailing Address Address, City, State, Zip Code, Country						
Telephone	Fax	E-1	mail			
Graduate Degree Sought						
I do hereby waive my right of acceaccompanying my application for						
Signature of Applicant		Da	ate			
Please check the appropriate box b	ased upon you	r observation	of the applica	nt:		
Characteristic	Outstanding	Above Average	Average	Below Average	Not Observed	
Potential for Success						
Quantity of Work						
Quality of Work						
Ability to Complete Work						
Judgment and Common Sense						
Emotional Adjustment						
Cooperativeness						
Initiative						

Problem-Solving Ability					
Dependability					
Conduct					
Integrity					
I have been acquainted with the a	applicant for	years.			
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□ Employer					
☐ Advisor or Supervisor					
☐ College Instructor					
☐ Co-worker					
☐ Friend					
☐ Other (please explain)					
Signature of Evaluator		Da	nte		
Title		Or	ganization		
Address Number & Street or P.O. Bo	x				
City, State, Zip Code			C	ountry	

Your Full Name

Your Address • City, State Zip Cell Phone • Home Phone • E-Mail Address

PROFILE

Highlight keywords and keyword phrases that best describe YOUR skills, qualifications and experience

EDUCATION

Nicholls State University

Thibodaux. Louisiana

Bachelor of Science or Arts in What Major

Month Year

- Concentration in ...
- Minor in...
- Anticipated graduation: May 2011
- Cumulative GPA:

Relevant Coursework:

- List specific names of the courses (i.e., Professional Selling, not MKGT 320)2
- Another course
- Another course

Affiliations and Activities

- Sorority/Fraternity (President, Secretary, Social Chairperson)
- Student Programming Association/Student Government Association
- **University Advisory Committees**
- University Athletic Teams

Awards and Honors

- Named to Who's Who Among Students in American Universities and Colleges
- Recipient of Named Scholarship

WORK EXPERIENCE

Nicholls State University - Specific Department

Thibodaux, Louisiana

Student Employee

Month Year began - Month Year ended

- List AT LEAST three (3) job descriptions
- Use action verbs to describe what you do or did not full sentences
- Do not use the words "I" or "My"

Another Job

Thibodaux, Louisiana

Job Title • List AT LEAST three (3) job descriptions

Month Year began - Month Year ended

Month Year began - Month Year ended

- Use action verbs to describe what you do or did not full sentences
- Do not use the words "I" or "My"

Another Job

Job Title

Thibodaux, Louisiana

• List AT LEAST three (3) job descriptions

- Use action verbs to describe what you do or did not full sentences
- Do not use the words "I" or "My"

VOLUNTEER EXPERIENCE

List Volunteer and Community Service that you have been involved in.

REFERENCES

Available upon request